

Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Mur City of Napervi		or Facil	ity Nar	ne):			on Representing Permittee Who Contacted IEPA:				
Date: 11-4-13	Time: 9:35	AM ×	PM	IEPA Office Desplaines	Contacted.		Name of IEPA Employee Contacted: Sarah Weidel				
Sanitary Sev	ver Ove	erflow	or B	ypass Det	ails						
Date and Durat	ion of Ove	erflow o	or Byp	ass Occurren	ce (complete	a separate fo	orm for each occurrence):				
Start Date: 11-3-13	Time: 7:30	AM PM Duration of the overflow or bypass (hours and minutes): X									
Estimated Volu Wastewater Discharged (gallons):	M	WTP F GD): N	lot app	uring bypass blicable for a	(report in collection	Location of t	the Overflow or Bypass:				
2000						619 & 564 S. Washington St., 620,622,628 & 630 S. Main St.					
Circumstand	es Cau	sing	the C	verflow o	r Bypass (d	heck all th	nat apply)				
WPC 733		Rain Power Outage Equipment Failure X Other (explain below)									
11/2011	□ s	☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding									
failed. What ca	used the	power	outage	e, or what plu	gged the sew	er. Flooding	occurred. For example, describe what equipment should only be indicated, as a cause if there is ot just localized high water in the street.				
Heavy grease b	locked ef	fluent p	oipe fo	rm the Hillsid	e siphon.						

Wet Weathe	r (if appli	cable)									
Date(s) and I	Ouration o	of Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount	of Rainfall (inches)	(inche	nt of Snow Melt es)		
Contributing	Soil Cond	litions (satu	urated, frozen	, soil type)	(*		
Where Did	the Dis	scharge f	from the O	verflow	or Bypas	s Go?	(check all that a	apply)			
	loes not e	enter directl	y into surface						river, lake, or wetland the path of the ditch		
Runs on	ground ar	nd absorbs	into the soil								
Ditch: Na	me of su	rface water	it drains to:								
Storm Se	wer: N	ame of surf	face water it d	rains to:							
Surface \	vater dire	ct discharg	e:	a							
X Basemen	t Back-up	s, (Numb	er & use (i.e.r	esidential,	, commercia	al) of build	lings affected): 4 R	esidentia	l & 2 commercial		
	•						1	The state of the s	of 702 S. Washington		
Report Cor	mnleter	I Rv			Auth	orized	Representative	Conta	ct Information		
report cor	iipictee	Ъу			Auti	ioi izeu i	Representative	Conta	ct illioillation		
Contact Perso			The same		Contact Person: Tony Conn						
Street Addres	s: 1200 V	v. Ogden A	Ave.			-	n and Pumping Sup				
PO Box:	Nonen	illa	_	п			1200 W. Ogden A	ve.			
City:	Napen 60563		hone: 63030		PO B	ox:	Naperville		State: IL		
Zip Code: County:	Dupag		none: 03030	33331	City: Zip C	ode.	60563	Phone:	6303055537		
Journey.	Dupag	e			Coun		Dupage	Tione.	000000001		
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		-					al statement, orally after conviction is	7			
Authorized Re	presenta	tive Name	(Print)	1	Title						
						_	11.4-3	*			